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# Challenging Health Inequalities in European Families

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- on behalf of the I.Family consortium -



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Building on





## Overview

1. Why focus on the disadvantaged?  
Health inequalities and vulnerable families
2. What might work?  
Testing policy tools targeting inequalities
3. What can be done?  
Implications for effective policies



# 1. WHY FOCUS ON DISADVANTAGED FAMILIES?



## Consumer research shows that...

- availability of essential resources (i.e., income, time, skills, knowledge)
- food preferences and purchases
- social norms

**...are closely linked to socioeconomic status (SES)**

A decorative horizontal line consisting of a series of small, colored dots in shades of orange, green, blue, and grey, spanning the width of the slide.

## Obesity research shows that...

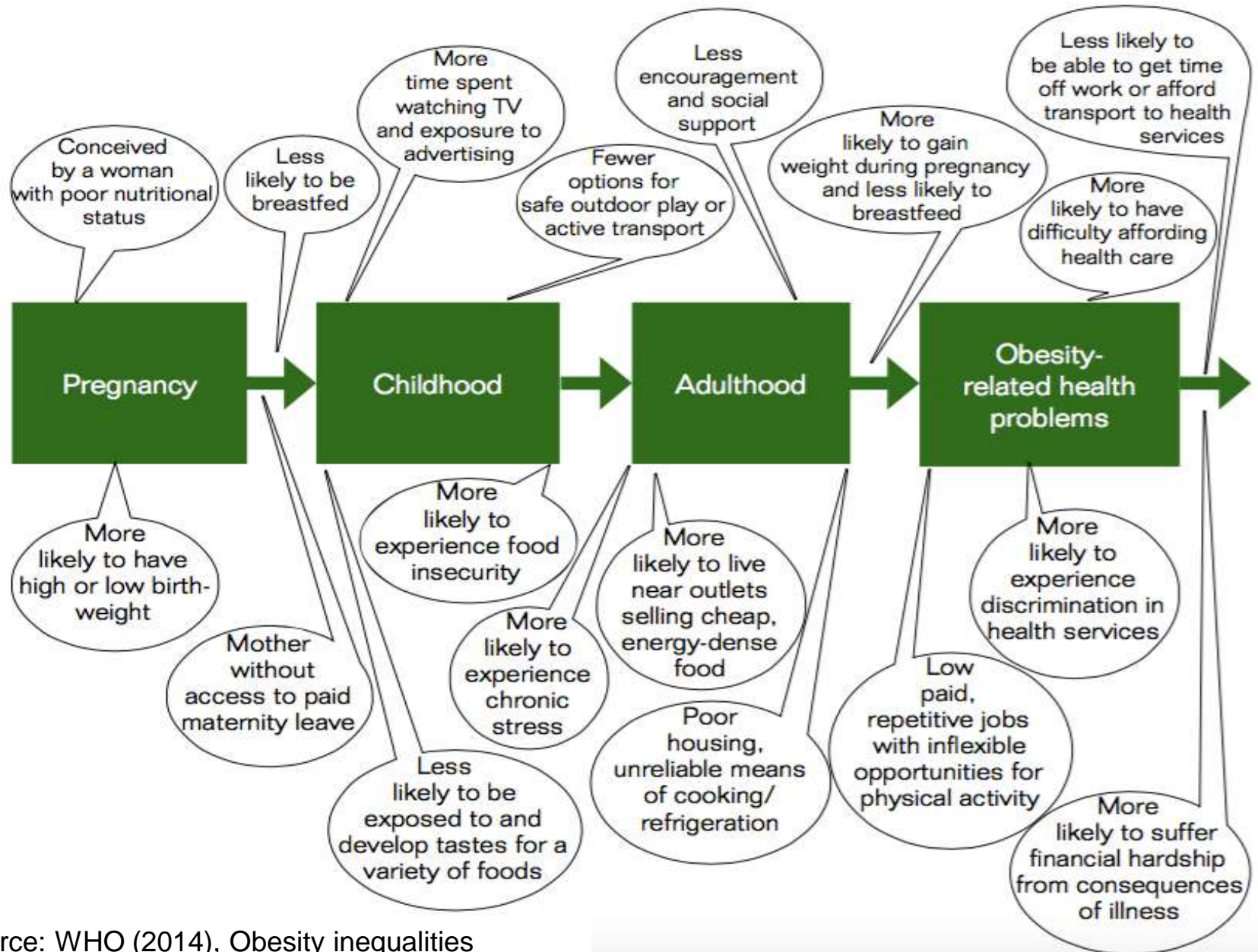
- “Low income and low education are a prime risk factor for obesity” – in particular for woman and children

UN Special Rapporteur on “Right to Food” (2016)

- Risk for being overweight for normal weight children tend to increase with lower SES
- Most influential risk factors: parental BMI, feeding and eating practices, physical activity, sedentary behaviours, media exposure

Bammann et al. (2012; 2016)

# How inequities in obesity compound over the life course



A horizontal line of 20 small, colored dots in various colors (orange, green, yellow, blue, grey) spans the width of the slide.

## Good reasons to target low SES families

- Societal level:
  - Return on investment of interventions the largest
  - Overall savings on costs (health, absenteeism)
  - Increase equity and social justice, decrease inequality
- Individual level:
  - Disrupt the vicious circle of poverty, ill-health, low paid jobs, time scarcity, and obesity
  - End discrimination (psychological cost) and increase life chances (kids in particular)



## 2. WHAT MIGHT WORK?

### PILOT STUDY WITH LOW SES FAMILIES





## Pilot study with low income families

- 18 vulnerable families in Denmark
- Co-creation and testing of a “Guide to healthy eating” (families and field workers)
- Website and gamification (quizz, lottery)



**Final quiz**


1 2 3 4 5 6 7 8 9 10

Answered Review


Review question

Quiz-summary


**A: Red meat from beef**



**B: Chicken breast**



**C: Oily fish-salmon**



Which product contains the most unsaturated fats?

Red meat from beef  
 Chicken breast  
 Oily fish - salmon  
 All contain the same

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### **3. WHAT CAN BE DONE? IMPLICATIONS FOR POLICY**




# “Making the healthy choice the easy choice”


- Simplification
- Personalisation of dietary information
- Gamification
- Improve access, availability, affordability of healthy food
- Fruit and vegetable school programmes
- „Farm to school“ programmes
- Subsidies for healthy food or at least, end subsidies for unhealthy food
- Make healthy diets and physical activity part of urban planning

## Obesity and inequities

Guidance for addressing inequities in overweight and obesity





EXECUTIVE BOARD  
140th session  
Provisional agenda item 10.4

EB140/20  
13 January 2017

### Report of the Commission on Ending Childhood Obesity: implementation plan

Report by the Secretariat

1. The prevalence of infant and young child obesity is increasing in all countries, with the most rapid rises occurring in low- and middle-income countries. The number of overweight or obese young children globally increased from 31 million in 1990 to 42 million in 2015. In the African Region alone over the same period, the number of overweight or obese children under 5 years of age increased from 4 million to 14 million. Childhood obesity is associated with several health complications, premature onset of diseases such as diabetes and heart disease, increased obesity into adulthood and an increased risk of noncommunicable diseases.
2. In an effort to provide a comprehensive response to childhood obesity, the Director-General established in 2014 a high-level Commission on Ending Childhood Obesity, comprising 13 accomplished and eminent individuals from a variety of relevant backgrounds. The Commission was tasked with preparing a report specifying the approaches and combinations of interventions that are likely to be most effective in tackling childhood and adolescent obesity in different country contexts around the world. It reviewed the scientific evidence, consulted more than 100 Member States and considered nearly 100 online comments before submitting its report to the Director-General in January 2016.
3. In decision WHA69(12) (2016), the Sixty-ninth World Health Assembly decided to request the Director-General to develop, in consultation with Member States' and relevant stakeholders, an implementation plan guiding further action on the recommendations included in the Report of the Commission on Ending Childhood Obesity to be submitted, through the Executive Board at its 140th session, for consideration by the Sixty-ninth World Health Assembly.



**QUESTIONS AND COMMENTS  
WELCOME**

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